

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Jennifer Johns
BUSINESS STREET ADDRESS: 2700 SW 155th lane Davie FL ZIP 33331
BUSINESS MAILING ADDRESS: 2700 SW 155th lane ZIP 33331
BUSINESS PHONE: 954-822-5787
DESCRIBE TYPE OF BUSINESS: Residential and Commerical Cleaning Service
BUSINESS IS: Corporation ☐ Sole Proprietor ☒ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Jennifer Johns</u>	<u>2700 SW 155th lane Davie FL</u>	<u>33331</u>	<u>954 822 5787</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Numt: _____

I understand that this is an application for a business at this location until I have received a license. This license is valid until September 30, 05, and must be renewed annually.

Town of Davie and I may not conduct any business at this location until I have received a license. I understand that this license upon issuance, is valid until September 30, 05, and must be renewed annually.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

<u>Jennifer Johns</u> Print Owner or Officers Name and Title		<u>Jennifer Johns</u> Signature of Owner or Officer	
Office Use Only: Date <u>3/21/05</u> Category <u>10500</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>60.78</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____			
License # <u>0521481</u>	Control # <u>17005</u>	Zoning <u>R-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Int</u>	Date <u>3/30/05</u>	
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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